

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail** Mail Stop ISSUE FEE
 Commissioner for Patents
 P.O. Box 1450
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09/06/2006

VIDAS, ARRETT & STEINKRAUS, P.A.
 6109 BLUE CIRCLE DRIVE
 SUITE 2000
 MINNETONKA, MN 55343-9185

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Robin Peddieson

(Depositor's name)

Robin Peddieson

(Signature)

November 29, 2006

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/712,042	11/14/2000	Lixiao Wang	563.2-9247-6430-4503	9167
TITLE OF INVENTION: BLOCK COPOLYMER ELASTOMER CATHETER BALLOONS				

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$0	\$1400	12/06/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
MCCORKLE, MELISSA A	3763	604-096010

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☒ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

- 1 _____
 2 Vidas, Arrett & Steinkraus P
 3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Scimed Life Systems, Inc.

Maple Grove, MN

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
☐ Publication Fee (No small entity discount permitted)
☐ Advance Order - # of Copies _____

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

- ☐ A check is enclosed.
☐ Payment by credit card. Form PTO-2038 is attached.
☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 22-0350 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

William E. Andersor

Date November 29, 2006

Typed or printed name William E. Andersor

Registration No. 37766

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of: Lixiao Wang, et al.
Application No.: 09/712042
Filed: November 14, 2000
For: Block Copolymer Elastomer Catheter Balloons
Examiner: Melissa A. McCorkle
Group Art Unit: 3763

Mail Stop Issue Fee
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Docket No.: H012-11816-US01

FACSIMILE TRANSMITTAL LETTER

TO: Examiner Melissa A. McCorkle
FACSIMILE NO.: 571-273-2885
GROUP ART UNIT: 3763
TOTAL NUMBER OF PAGES (including cover letter): 4

DATE: November 29, 2006
TIME: _____

In addition to this 1 page Facsimile Transmittal Letter, following please find Part B - Fee Transmittal in duplicate and a 1 page Fee Address Indication Form.

Please charge the Issue Fee of \$1,400.00 to Deposit Account No. 22-0350. To the extent that any petition is required to consider this communication, please treat this as such a petition.

Respectfully Submitted

VIDAS, ARRETT & STEINKRAUS, P.A.

By: 
William E. Anderson
Reg. No. 37766

Date: November 29, 2006

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Certificate of Transmission

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office, Fax No. 571-273-2885, on November 29, 2006.

Signature: 

Robin Peddieson